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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/080,349 05/18/1998 PAT 6,328,964
 which is a CON of 08/481,735 06/07/1995 PAT 5,833,987 *sh N*

** FOREIGN APPLICATIONS *****

not N

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 4	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

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TITLE
 Treatment of Diabetes with Anti-gp39 Antibodies

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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